附件：

**2025年诊所备注销更名单**

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| --- | --- | --- | --- | --- |
| **序号** | **单位名称** | **负责人** | **申请备案事项** | **备案结果** |
| 1 | 银川市金凤区高源口腔诊所 | 兰丽君  | 诊所注销 | 同意注销 |
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